



Stanton Territorial Hospital

P.O. Box 10, 550 Byrne Road
YELLOWKNIFE NT X1A 2N1

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Page:1

Distribution:

Microbiology Specimen Processing Manual

Effective: 28 April, 2017

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Next Review: 28 April, 2019

Document Name: Referral of Category A Specimens to Provincial Laboratory

Approved By:

Jennifer G. Daley Bernier, A/ Manager, Laboratory Services

Status: **APPROVED**

PURPOSE:

To ensure microbiology Category A specimens are being sent out for referral testing to Alberta Provincial Laboratory appropriately. Category A specimens include:

- Positive AFB MGIT, LJ tubes or direct smear positive concentrates
- Brucella species culture
- Refer to TDG for a complete list of Category A pathogens

SUPPLIES:

- Calibrated Loops
- Primary collection container
- Bubble wrap
- Parafilm
- Absorbent pad
- Secondary pressure vessel
- Fiberboard coil
- Fiberboard box
- Consignee sticker
- Shipper sticker
- Provincial Laboratory Requisition
- Fax coversheet
- Shippers Declaration for Dangerous Goods
- DynaLIFE shipment notification
- Buffalo Express waybill

SPECIAL SAFETY PRECAUTIONS:

Containment Level 2 facilities, equipment, and operational practices for work involving infectious or potential infectious materials or cultures.

- Lab gown must be worn when performing activities with potential pathogens.
- Gloves must be worn when direct skin contact with infected materials is unavoidable.
- Eye protection must be used when there is a known or potential risk of exposure of splashes.
- All procedures that may produce aerosols, or involve high concentrations or large volumes should be conducted in a biological safety cabinet (BSC).
- The use of needles, syringes and other sharp objects should be strictly limited.
- Please refer to Transportation of Dangerous Goods (TDG) manual for packaging and safety of Category A laboratory samples

NOTE: This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be checked against electronic version prior to use.

FILENAME: MIC10500ReferralofCategoryASpecimenstoProvincialLaboratoryPRO.doc

Print Date: 4/28/2017 11:36:00 AM

- Technologist must be TDG certified in order to send out a Category A substance

PROCEDURE INSTRUCTIONS:

Fill out ordering physician information:

Our location information is pre-printed on the requisition. The location information for the Chief Medical Officer of Health is also pre-printed on the requisition. Only the ordering physician code needs to be added.

Alberta Health Services

ProvLab Ref: [] Accession # (lab only): []

Complete and return to: [] State Provincial Health: []

Edmonton Site: [] Phone: 780.4[] Hospital Dr NW T2N 4W4 Fax: 403.270.2218

PHN: [] State Identifier: [] Date of Birth (yyyy-Mon-dd): []

Patient Last Name: [] First Name: [] Gender: M F Phone: []

Address: [] City/Town: [] Prov: [] Postal Code: []

Requestor (s)	Requestor Name (last, first) Stanton Territorial Health Authority Laboratory (Bacteriology)	Copy to (last, first) Chief Medical Officer of Health	Copy to (last, first)
	Location/Facility/Address 8550 Byrme Road P.O. Box 10, Yellowknife NT X1A 2K1	Location/Facility/Address Dept of Health and Social Services Government of Northwest Territory	Location/Facility/Address
	Phone 867-669-4162 Fax 867-669-4141	Phone 867-767-9066 Fax 867-873-0442	Phone
	Healthcare Provider ID YEL05291	Healthcare Provider ID YHPU 707361	Healthcare Provider ID

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- To find physician code:
 - c) Open patient report in **Order Entry**
 - d) Ensure **Edit Mode** is activated. Click on **Att. Dr:**
 - e) The Physician code and report location code is located in **UPIN#**

Third ID	NPI#	UPIN#	Route ID	F
		999999/XYZ		

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Fill in all sections highlighted in yellow to complete a Provincial Lab requisition for AFB:



Accession # (lab only)

ProvLab Reference Requisition

Complete and forward request to appropriate Provincial Laboratory for Public Health:

Edmonton Site: 8440-112 St T6G 2J2
Phone: 780.407.7121 Fax: 780.407.3864

Calgary Site: 3230 Hospital Dr NW T2N 4W4
Phone: 403.944.1200 Fax: 403.270.2216

Patient	PHN	Alternate Identifier		Date of Birth (yyyy-Mon-dd)	
	Last Name	First Name	Middle	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Phone
	Address	City/Town	Prov	Postal Code	Location
Requestor (s)	Requestor Name (last, first) <small>Stations: Territorial Health Authority Laboratory (Bacteriology)</small>		Copy to Chief Medical Officer of Health (last, first)	Copy to (last, first)	
	Location/Facility/Address 8550 Byrne Road P.O. Box 10, Yellowknife NT X1A 2N1		Location/Facility/Address Dept of Health and Social Services Government of Northwest Territory	Location/Facility/Address	
	Phone 867-669-4162	Fax 867-669-4141	Phone 867-767-9066	Fax 867-873-0442	Phone
	Healthcare Provider ID YELJ05291		Healthcare Provider ID YHPU / 07361		Healthcare Provider ID
Collection	Date (yyyy-Mon-dd)	Time (24 hr)	Location	Collector ID	
Date Submitted (yyyy-Mon-dd)		Specimen Source		Sender Lab #	
Clinical Diagnosis					
Testing Requested		Organism ID/Suspected ID		Submitting Lab Information	
<input checked="" type="checkbox"/> Organism Identification		<input type="checkbox"/> Campylobacter		M RFCAMPY	Suspected ID Positive MGIT / LJ
<input checked="" type="checkbox"/> Antibiotic Susceptibility <small>specify antibiotics</small>		<input type="checkbox"/> E.coli O157		M RFECO157	
<input type="checkbox"/> Surveillance		<input type="checkbox"/> Salmonella		M RFSALM	Gram Stain
<input type="checkbox"/> Storage <input type="checkbox"/> VRE		<input type="checkbox"/> Shigella		M RFSHIG	
		<input type="checkbox"/> Vibrio		M RFVIBRIO	Growth Conditions O ₂ CO ₂ ANA
		<input type="checkbox"/> Enteric Other (specify)			
		<input type="checkbox"/> Aeromonas <input type="checkbox"/> Yersinia		M RFANA	Biochemicals
		<input type="checkbox"/> Plesiomonas <input type="checkbox"/> Other		M RFOTH	
		<input type="checkbox"/> Anaerobe:		M RFANA	Oxidase Catalase
		<input type="checkbox"/> Listeria		M RFFUNG	
		<input type="checkbox"/> Fungus/Yeast		M RFAFB	Commercial ID
		<input checked="" type="checkbox"/> Mycobacteria		M RFNG	
		<input type="checkbox"/> Neisseria gonorrhoeae		M RFNOC	
		<input type="checkbox"/> Nocardia		M RFOTH	
		<input type="checkbox"/> VRE confirmation			
		<input type="checkbox"/> Other (specify)			
<input type="checkbox"/> Serotyping/Serogrouping					
<input type="checkbox"/> Neisseria meningitidis		NMEN PCR (All specimen types, PLNA & PLSA) M SEROMEN (Isolates only on PLSA site ONLY)			
<input type="checkbox"/> Group A Streptococcus		M SEROGAS			
<input type="checkbox"/> Group B Streptococcus		M SEROGBS			
<input type="checkbox"/> Streptococcus pneumoniae		M SEROSPNE			
<input type="checkbox"/> Haemophilus influenzae		M SEROHAEM			
<input type="checkbox"/> Other (specify)					

19153(Rev2014-03)

➤ Circle MGIT or LJ depending on which tube is being sent

NOTE: This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be checked against electronic version prior to use.

Fill in all sections highlighted in yellow to complete the fax coversheet:



STANTON TERRITORIAL HEALTH AUTHORITY

Stanton Territorial Hospital – Microbiology Laboratory
550 Byrne Road - Yellowknife, NT X1A 2N1
Phone: 867 669-4162
Fax: 867 669-4141

To: Provincial Laboratory Edmonton (TB)	From: STHA Microbiology Laboratory
Fax: 1 (780) 407 3864	Pages:
Phone: 1 (780) 407 7121	Date:
Re: Transfer of Human Pathogens (L-R3-39987-16-JE-00)	CC: sth_biosafety@gov.nt.ca dynalife.consulting@dynamifedx.com david.litwin@dynamifedx.com bob.verity@dynamifedx.com specgmt.group@dynamifedx.com

STHA Microbiology laboratory is transferring a package containing a Risk Group 3 Human pathogen to your facility

The sample is to be directed to the _____ program.

Weigh Bill number of this shipment is _____

If you do NOT receive this package within 72 hours of this notification, please inform the STHA microbiology laboratory at (867) 669 4162 AND email sth_biosafety@gov.nt.ca

Thank you

Name of STHA employee sending sample _____ Signature _____

CONFIDENTIAL WARNING

The documents accompanying this transmission contain confidential information intended for a specific individual and purpose. The information is private, and is legally protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reference to the contents of this telecopied information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us by mail.

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NOTE: This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be checked against electronic version prior to use.

Fill in all sections highlighted in yellow to complete the Shippers Declaration. There needs to be 2 original completed forms (they cannot be photocopied)

SHIPPER'S DECLARATION FOR DANGEROUS GOODS (Provide at least three copies to the airline.)

Shipper Laboratory Stanton Territorial Hospital Box 10, 550 Byrne Road Yellowknife, NT X1A 2N1 Phone: (867) 669-4162		Air Waybill No. Page 1 of 1 Pages Shipper's Reference Number (optional)				
Consignee Provincial Laboratory c/o DynaLife Dx Medical Laboratories 200-10150, 102 Street NW Edmonton, AB T5J 5E2		This shipper's declaration was prepared using a FedEx Express template. It must be used ONLY for: * Class 7 radioactive shipments * Shipments using an 023 air waybill (IP1, IXF or ATA service) * Shipments originating from a non-US location				
Two completed and signed copies of this Declaration must be handed to the operator		WARNING Failure to comply with all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties.				
TRANSPORT DETAILS This shipment is within the limitations prescribed for: (delete non applicable) Airport of Departure: Yellowknife, NT Airport of Destination:		Shipment type: (delete non-applicable) <input type="checkbox"/> NON-RADIOACTIVE <input type="checkbox"/> RADIOACTIVE				
PASSENGER AND CARGO AIRCRAFT <input type="checkbox"/> CARGO AIRCRAFT ONLY <input checked="" type="checkbox"/>						
NATURE AND QUANTITY OF DANGEROUS GOODS						
Dangerous Goods Identification				Quantity and type of packaging	Packing Inst.	Authorization
UN or ID No.	Proper Shipping Name	Class or Division (if any), Risk	Packing Group			
UN 2814	Infectious Substance, affecting humans (Mycobacterium tuberculosis)	6.2	II	1 fibreboard box x 8 mL	620	
Additional Handling Information						
Name and Telephone Number of Person Responsible: [Redacted] (867) 669-4162						
I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable International and National Governmental Regulations. I declare that all of the applicable air transport requirements have been met.				Name/Title of Signatory: [Redacted] Medical Laboratory Technologist Place and Date: [Redacted] Yellowknife, NT Signature: [Redacted] (see warning above)		
CANUTEC 1-613-996-9999				Emergency Telephone Number: [Redacted]		
FOR RADIOACTIVE MATERIAL SHIPMENT ACCEPTABLE FOR PASSENGER AIRCRAFT, THE SHIPMENT CONTAINS RADIOACTIVE MATERIAL, INTENDED FOR USE IN OR INCIDENT TO RESEARCH, MEDICAL DIAGNOSIS OR TREATMENT. ADR EUROPEAN TRANSPORT STATEMENT, CARRIAGE IN ACCORDANCE WITH 1.1.4.2.1						

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➤ In quantity and type of packaging, list if you are sending MGIT or LJ, number of tubes being sent and volume size, which is 8 mL

NOTE: This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be checked against electronic version prior to use.

Fill in all sections highlighted in yellow to complete the DynaLIFE Shipment Notification:



DynaLIFE_{Dx}
Incoming Shipment Notification
Fax: 1-780-453-9426

Referral Lab: Stanton Territorial, Yellowknife		Testing Site: DynaLIFE _{Dx} , Edmonton	
Shipment Date and Time: 02/14/2017 14:22:00			
Estimated Arrival Date: 02/14/2017		Estimated Arrival Time:	
Sender Name:	Phone #: (867) 669-4373	Fax #: (867) 669-4141	
Courier: <input type="checkbox"/> Carrier please specify <u>Buffalo Air and Ground Transport</u> <input type="checkbox"/> Other (please specify)* _____			
Waybill # (if applicable): _____			
Shipment includes: <input type="checkbox"/> Cooler – Exempt Human Specimens		# of pieces: _____	
<input type="checkbox"/> Biological Substances, Category B		# of pieces: _____	
<input type="checkbox"/> RISK GROUP 3 CATEGORY A – Infectious Substances Affecting Humans		# of pieces: _____	
<input type="checkbox"/> Email designated DynaLIFE _{Dx} group		# of pieces: _____	
<input type="checkbox"/> Other – please specify: _____		# of pieces: _____	
Shipment Includes: <input type="checkbox"/> STAT <input type="checkbox"/> Time Sensitive – Please attach list with appropriate information to this fax			
Provide the following information for one of the samples included in the shipment:			
Patient First and Last Initial: _____ <input type="checkbox"/> DOB _____ <input type="checkbox"/> P-IN _____			

FAX CONFIRMATION OF SHIPMENT RECEIVED TO: 1 (867) 669 4141

Confirmation Faxed by:	Date:
Notes:	
Reviewed by:	Date:
For DynaLIFE_{Dx} use only	
Transportation notified @ _____ <input type="checkbox"/> by phone <input type="checkbox"/> message <input type="checkbox"/> not required	
Comments:	
Shipment received by:	Date:

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Fill in all sections highlighted in yellow to complete the Buffalo Waybill:

BUFFALO PARCEL COURIER SERVICE LTD., 1000 BUFFALO DRIVE, HAY RIVER, N.W.T. X0E 0R9
 PHONE: EDMONTON (780) 455-9283 HAY RIVER (867) 874-3307
 CALGARY (403) 271-3887 YELLOWKNIFE (867) 873-2084
 T # R100688765 TOLL FREE 1 800 465 3168

B590596

PREPAID <input type="checkbox"/>		COLLECT <input checked="" type="checkbox"/>	
PICK-UP COURIER		TIME	CUSTOMER NO.
HOSP. LABORATORY		AM	4142
DESCRIPTION OF ITEMS		PM	
Affecting Humans		FILL OUT DATE	
PROVINCE	SPECIAL INSTRUCTIONS	No. PKGS	WT. SUBJECT TO CORRECTION
NT	DANGEROUS GOODS AS PER ATTACHED SHIPPER'S Declaration	(ENV)	Kg
			Lbs.
CONSIGNEE NUMBER	DECLARED VALUE	IMPORTANT	
669 4373	\$	NDV	
	INTERLINE/CUSTOMER REFERENCE No.	DECLARED VALUE CHARGE	
SHIPPER SIGNATURE	SHIPPER SIGNATURE		
X SIGNATURE	PRINT PLEASE PRINT NAME		
PROVINCE	CARRIAGE SUBJECT TO THE FOLLOWING CONDITIONS IN ADDITION TO THOSE ON BACK		
AB	1. CARRIER WILL NOT BE RESPONSIBLE FOR FAILURE TO PERFORM OR COSTS INCURRED FOR DELAYS IN SHIPPING.		
	2. UNLESS SPECIFICALLY AGREED IN WRITING CARRIER IS LIMITED TO RESTRICTED LIABILITY AS DESCRIBED ON REVERSE SIDE OF THIS BILL.		
CONSIGNEE NUMBER	WARNING - ALL DANGEROUS GOODS MUST BE DISCLOSED TO THE CARRIER. - SEE REVERSE SIDE		IMPORTANT SEE REVERSE

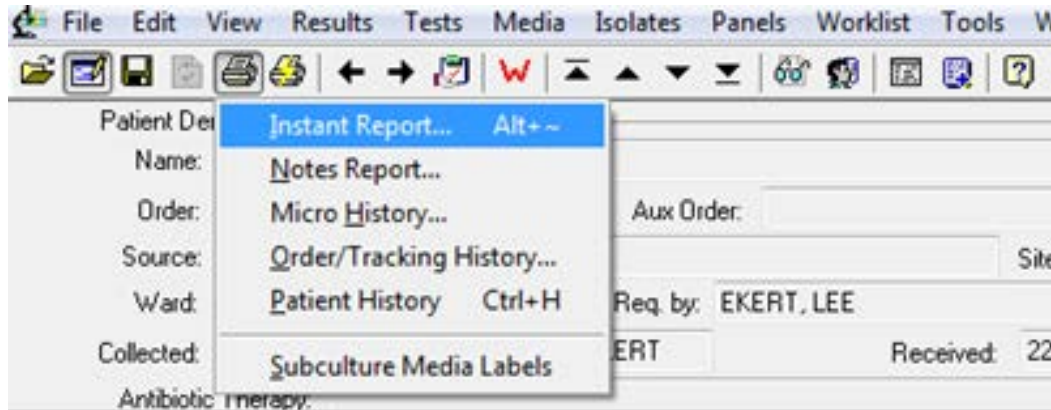
THIS PART IS TO BE REMOVED ONLY BY THE PICK-UP COURIER

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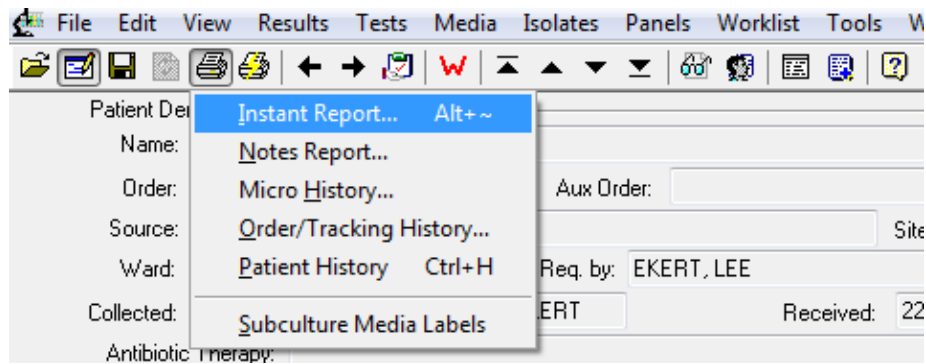
Print a hardcopy of LIS report:

a) In result entry, click **printer icon** on tool bar – select **instant report**



b) Click **yes** to save and **Ok** to patient discharged

c) Click the **Print To** pull down menu and choose **S01_LabMain_Xerox5330**



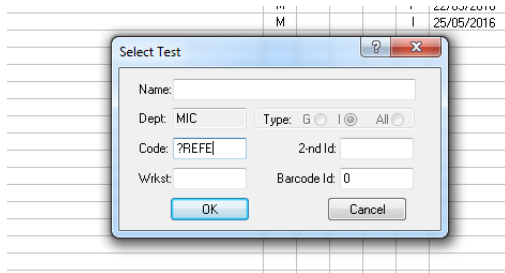
d) Select **Ok**

e) Report will print on Xerox in Main Laboratory.

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Order a referred test in result entry screen:

a) Select **Add Test**



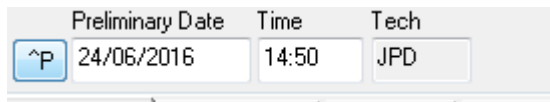
8

b) Choose appropriate reference code:

?REFE – ProvLab Edmonton

c) Choose **OK**

d) Put a period (.) in the results line



e) Preliminary report the test line

9

Photocopy all papers and staple together

10

Pack specimen up according to TDG Category A regulations, send original paperwork with specimen

11

Send necessary emails as per fax coversheet

12

Place Category A box on on the countertop in the lab assistant area with Buffalo waybill and two copies of the Shippers Declaration forms on the top.

13

Hole punch photocopy stack and place in Pending Referral Binder under the TB tab.

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REFERENCES:

ProvLab Reference requisition, Doc ID: 19 193, revised 2014-03

DynaLIFE Incoming Shipment Notification Document, May 2016

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	28 Apr 2017	Initial Release	L. Steven

 Invalid signature

X 

Jennifer G. Daley Bernier
A/ Manager, Laboratory Services
Signed by: Jennifer G. Daley Bernier

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